	Yes No	liabilities of a spouse or dependent child		"unearned" income, transactions, or	sets, "unearned" ?	Have you excluded from this report any other assets, because they meet all three tests for exemption?	ded from this neet all three t		Exemptions	
	Yes No V	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	ds of Official Conduct an	mittee on Standar	ved by the Comred from this repo	Blind Trusts" appro	ng "Qualified I	Details regardir trusts" need no child?	Trusts	
	SNS	ANSWER EACH OF THESE QUESTIONS	NSWER EACH O	MATION A	TRUST INFORMATION	OR.	DEPEND	EXCLUSION OF SPOUSE, DEPENDENT,	CLUSION	Ð
		ı "Yes" response.	schedule attached for each "Yes" response	i			ule V.	If yes, complete and attach Schedule V	if yes, comple	
	the appropriate	in this part must be answered and the appropriate	Each question in this part r	_	Yes No 🗸	portable liability (more	hild have any rej d?	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Did you, your sp than \$10,000) du	.<
	! 	dule (X.	If yes, complete and attach Schedule IX	If yes, co	i 		ule IV.	If yes, complete and attach Schedule IV.	If yes, comple	
	Yes No 🔾	Did you have any reportable agreement or arrangement with an outside entity?	ave any reportable agreemen	IX. entity?	Yes V No	ll, or exchange any ng the reporting	ld purchase, sel ling \$1,000 duri	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting	Did you, your sp reportable asset	
		dule VIII.	If yes, complete and attach Schedule VIII	If yes, co		! 	ule III.	If yes, complete and attach Schedule III.	If yes, comple	
	Yes No	Did you hold any reportable positions on or before the date of ning in the current calendar year?	old any reportable positions of the second s	<u>≨</u>	Yes 🗸 No 🗌	earned" income of vrtable asset worth	nild receive "une or hold any repo .d?	Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$100 at the end of the period?	more than \$200 i	<u></u>
	 	tule VII.	If yes, complete and attach Schedule VII.	If yes, co			ule II.	If yes, complete and attach Schedule II	If yes, complet	
	9 or Yes ✓ No []	e, or a dependent child receive any reportable travel or travel in the reporting period (worth more than \$305		≦	Yes No 🗸	harity in lieu of paying period?	a donation to clin the reporting	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	Did any individua you for a speech	=
		dule VI.	mplete a	If yes, co	; ; ;	 	le i	If yes, complete and attach Schedule I.	If yes, comple	Ì
	e Yes No	e, or a dependent child receive any reportable gift in (i.e., aggregating more than \$305 and not otherwise	our spous	<u></u>	Yes 💽 No	aries or fees) of \$200	ncome (e.g., sali g period?	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	Did you or your or more from an	F
			,	QUESTION	OF THESE	ANSWER EACH OF THESE QUESTIONS	1	PRELIMINARY INFORMATION	RELIMINAF	밁
	more than 30 days	late			Termination	Amendment	15)	Annual (May 15)	Report Type	
	anyone who files	an	mination Date:				 			
	A \$200 penalty shall be assessed against		Employing Office	Officer Or Employee	[n. i]	State: NY District: 22	U.S. esentatives	Member of the U.S. House of Representatives	Filer Status	_
710	(Office Use Only)		(Daytime Telephone)			ne)	(Full Name)			
5 <	7 m 601 22 AH 9: 40		202-225-6335			HINCHEY	MAURICE D. HINCHEY	MA		<u>-</u>
	. To secondary denter									٦
			For use by Members, officers, and employees	For use	YEAR 2007	OR CALENDAR	TEMENT FO	FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007	NANCIAL DIS	<u> </u>
晋	HAND DELIVERED	Page 1 of 7	FORM A		7/1/20		2	7 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	-
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SCHEDULE I - EARNED INCOME

Name MAURICE D. HINCHEY

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
STATE OF NEW YORK	LEGISLATIVE PENSION	\$35,068
PAT LYNCH ASSOCIATES	SPOUSE SALARY	N/A

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SP SP If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), debt owed to you by your spause, or by your or your spouse's child, Exclude: Your personal residence(s) (unless there is rental income); any a fair market value exceeding \$1,000 at the end of the reporting period in the optional column on the far left. Government retirement programs. savings accounts; any financial interest in or income derived from U.S. than \$200 in "unearned" income during the year. For rental property or and (b) any other assets or sources of income which generated more parent or sibling; any deposits totaling \$5,000 or less in personal its activities, and its geographic location in Block A. For additional that is not publicly traded, state the name of the business, the nature of and its value at the end of the reporting period. For an active business plans that are not self-directed, name the institution holding the account in the account that exceeds the reporting threshold. For retirement in which you have the power, even if not exercised, to select the specific retirement plans (such as 401(k) plans) that are self directed (i.e., plans Identify (a) each asset held for investment or production of income with information, see the instruction booklet. investments), provide the value and income information on each asset mutual funds (do not use ticker symbols). For all IRAs and other land, provide a complete address. Provide full names of stocks and Asset and/or Income Source ECHO HILL ROAD PROPERTY, SAUGERTIES SAVINGS ACCOUNT KEY BANK PERSONAL NOVO NETWORKS STOCK AMERICA - CLASS 529C GROWTH FUND OF AMERICAN FUNDS/THE FUND-529C AMERICAN FUNDS/AMCAP ALFACELL COMMON STOCK \$100,001 \$250,000 \$1,001 - \$15,000 INTEREST \$50,000 \$1 - \$1,000 \$50,000 \$15,001 -\$1 - \$1,000 it is generated income, year. If you use a at close of reporting the value should be asset was sold and is method used. If an please specify the than fair market value, valuation method other included only because Value of Asset Year-End Name MAURICE D. HINCHEY CAPITAL GAINS CAPITAL GAINS NONE TAL GAINS DIVIDENDS/CAPI \$1,001 - \$2,500 CAPITAL GAINS apply. Check "None" if Check all columns that DIVIDENDS/CAPI \$1,001 - \$2,500 Partnership income or a brief description in this than one of the listed income during the calendar year. If other asset did not generate any block. (For example: type of income by writing categories, specify the TAL GAINS Type of Income BLOCK C NONE \$1 - \$200 checking the appropriate you to choose specific accounts that do not allow category of income by other assets, indicate the For retirement plans or box below. Dividends, even "NA" for income. For all investments, you may write "None" if no income was listed as income. Check if reinvested, should be Amount of Income ū \$1,000 in exceeding exchanges (E) (P), sales (S), or reporting year. had purchases Transaction ndicate if asset BLOCK E Page 3 of 7

SCHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name MAURICE D. HINCHEY	ED. HINCHEY		Page 4 of 7
SP	OPPENHEIMER CAPITAL INCOME FUND C	\$1,001 - \$15,000	DIVIDENDS/CAPI TAL GAINS	NONE	ס
SP	OPPENHEIMER CASH RESERVE C	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	0
gp	OPPENHEIMER GLOBAL FUND C	\$15,001 - \$50,000	DIVIDENDS/CAPI TAL GAINS	\$201 - \$1,000	TO
SP	OPPENHEIMER MAINSTREET FUND C	\$1,001 - \$15,000	DIVIDENDS/INTE REST	\$1 - \$200	0
Sp	OPPENHEIMER MAINSTREET SMALLCAP FUND C	\$1,001 - \$15,000	CAPITAL GAINS/DIVIDEN DS	NONE	
SP (OPPENHEIMER QUEST BALANCED FUND C	\$1,001 - \$15,000	CAPITAL GAINS/DIVIDEN DS	NONE	
SP	OPPENHEIMER STRATEGIC INCOME FUND C	\$15,001 - \$50,000	DIVIDENDS/CAPI TAL GAINS	\$1,001 - \$2,500	-
• • • • • • • • • • • • • • • • • • •	PARTITION STREET PROPERTY, SAUGERTIES, NY	\$250,001 - \$500,000	CAPITAL GAINS	NONE	
	PRUDENTIAL (IRA) EVERGREEN ASSET ALLOCATION	\$1,001 - \$15,000	DIVIDENDS/CAPI TAL GAINS	\$1 - \$200	
	PRUDENTIAL (IRA) FIDELITY ADVISOR NEW INSIGHTS	\$1,001 - \$15,000	DIVIDENDS/INTE REST/CAPITAL GAINS/INTERES T	\$1 - \$200	
	PRUDENTIAL (IRA) OPPENHEIMER INTL GROWTH	\$1 - \$1,000	DIVIDENDS/INTE REST/CAPITAL GAINS	\$1 - \$200	
<u></u>	PRUDENTIAL EVERGREEN ASSET	\$1,001 - \$15,000	DIVIDENDS/INTE REST/CAPITAL GAINS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name MAURICE D. HINCH	D. HINCHEY	,	Page 5 of 7
PRUDENTIAL FRANKLIN \$1,0	001 - \$15,000	\$1,001 - \$15,000 DIVIDENDS/INTE	\$1 - \$200	
ULSTER SAVINGS PERSONAL SAVINGS ACCOUNT \$1,0	\$1,001 - \$15,000 INTEREST	INTEREST	\$1 - \$200	

, SCHEDULE IV - TRANSACTIONS

Name MAURICE D. HINCHEY

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Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP,		Type of		
JŦ	Asset	Transaction	Date	Amount of Transaction
SP	AMERICAN FUNDS/AMCAP FUND-529C	P	01-08-07 THRU 12-20-07	\$15,001 - \$50,000
SP	AMERICAN FUNDS/THE GROWTH FUND OF AMERICA - CLASS 529C	ָּ ס	07-13-07	\$15,001 - \$50,000
SP	AMERICAN FUNDS/AMCAP FUND-529C	S(part)	07-13-07	\$15,001 - \$50,000
ဗို	AMERICAN FUNDS/THE GROWTH FUND OF AMERICA - CLASS 529C	ן סד 	07/19/07 THRU 12/20/07	\$1,001 - \$15,000
SP	OPPENHEIMER CAPITAL INCOME FUND C	ס	01-01-07 thru 12/31/07	\$1,001 - \$15,000
SP	OPPENHEIMER GLOBAL FUND C	ס	01/01/07 thru 12/31/07	\$1,001 - \$15,000
SP	OPPENHEIMER MAINSTREET FUND C	ס	01/01/07 thru 12/31/07	\$1,001 - \$15,000
SP	OPPENHEIMER STRATEGIC INCOME FUND C	0	01/01/07 thu 12/31/07	\$1,001 - \$15,000
SP	OPPENHEIMER QUEST BALANCED FUND C	P	01/01/07 thru 12/31/07	\$1,001 - \$15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name MAURICE D. HINCHEY

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spouse or dependent child that is totally independent of his or her relationship to you. sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$305 received by you,

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	was a Family ng? Food? Member Included? (Y/N) (Y/N)	Days not at sponsor's expense
THE ASPEN INSTITUTE	NOV 26 - DEC 2	NY-LIBERIA, COSTA RICA - NY	~	~	Y	1 DAY
INTERNATIONAL MANAGEMENT AND DEVELOPMENT INSTITUTE	FEB 17 - 24	HURLEY, NY - HAMBURG, GERMANY - HURLEY, NY	~	≺	~	NONE
FREE PRESS	JAN 12-14	WASHINGTON, DC - MEMPHIS, TN - HURLEY, NY	~	~	≺	NONE